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(FILE 'HOME' ENTERED AT 12:19:15 ON 05 SEP 2007)

FILE 'BIOSIS, CAPLUS, EMBASE, MEDLINE, JAPIO' ENTERED AT 12:19:53 ON 05 SEP 2007

L1 488 S HEMODIALYSIS AND (VENTRICULAR FUNCTION)  
L2 82 S L1 AND STROKE  
L3 61 DUPLICATE REMOVE L2 (21 DUPLICATES REMOVED)  
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L6 12784 S STROKE AND (VENTRICULAR FUNCTION)  
L7 9499 S L6 AND PD<2001  
L8 9457 S L7 NOT L4  
L9 15 S L8 AND BNP

=>

ANSWER 25 OF 42 MEDLINE on STN

AN 92343603 MEDLINE

DN PubMed ID: 1386184

TI Changes in left ventricular size, wall thickness, and function in anemic patients treated with recombinant human erythropoietin.

AU Goldberg N; Lundin A P; Delano B; Friedman E A; Stein R A

CS Department of Medicine, SUNY-Health Science Center, Brooklyn 11203.

SO American heart journal, (1992 Aug) Vol. 124, No. 2, pp. 424-7.  
Journal code: 0370465. ISSN: 0002-8703.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)  
(RESEARCH SUPPORT, NON-U.S. GOV'T)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 199208

ED Entered STN: 11 Sep 1992  
Last Updated on STN: 3 Mar 2000  
Entered Medline: 24 Aug 1992

AB Left ventricular size and function were evaluated in 15 anemic chronic hemodialysis patients before and after the administration of recombinant human erythropoietin (rHuEPO). All patients were studied with two-dimensional and M-mode echocardiographic examinations before the initiation of rHuEPO (T1) and at 28 +/- 7 weeks of rHuEPO therapy (T2). The two-dimensional targeted M-mode echocardiographic measurements obtained were: end-diastolic dimension (EDD); end-systolic dimension (ESD); stroke dimension (SD); dimensional shortening (SD/EDD); systolic posterior wall thickness (PWs); diastolic posterior and interventricular septal thickness; end-systolic wall stress (ESWS); and left ventricular mass. Mean hematocrit in these patients increased almost 50%. The EDD decreased from a mean value (+/- SEM) of 6.41 +/- 0.33 to 4.93 +/- 0.21 cm (p less than 0.05). ESD decreased from a mean value of 4.16 +/- 1.2 to 2.77 +/- 0.06 cm (p less than 0.05). The calculated mean SD decreased slightly but not significantly from 2.21 +/- 0.69 to 2.19 +/- 0.60 cm. The calculated SD/EDD increased from a mean 0.35 +/- 0.09 to 0.44 +/- 0.07 (p less than 0.05). ESWS fell from 59.2 +/- 12.2 to 37.6 +/- 9.3 gm/cm2 (p less than 0.01), and left ventricular mass fell (p less than 0.05) from 347 +/- 15.2 to 227 +/- 59 gm. There was no significant difference in resting heart rate or systolic blood pressure between T1 and T2. The increase in dimension shortening reflects afterload reduction, as indicated by the fall in end-systolic wall stress. (ABSTRACT TRUNCATED AT 250 WORDS)

CT Check Tags: Female; Male  
Adult  
\*Anemia: DT, drug therapy  
Anemia: ET, etiology  
Cardiomegaly: PP, physiopathology  
\*Cardiomegaly: US, ultrasonography  
Echocardiography  
\*Erythropoietin: TU, therapeutic use  
Humans  
\*Kidney Failure, Chronic: CO, complications  
Kidney Failure, Chronic: TH, therapy  
Recombinant Proteins: TU, therapeutic use  
Renal Dialysis  
\*Ventricular Function, Left: DE, drug effects

RN 11096-26-7 (Erythropoietin)

CN 0 (Recombinant Proteins)

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CN 0 (Recombinant Proteins)

ANSWER 6 OF 15 MEDLINE on STN

AN 1998166212 MEDLINE

DN PubMed ID: 9505313

TI Perioperative changes in plasma brain natriuretic peptide concentrations in patients undergoing cardiac surgery.

AU Morimoto K; Mori T; Ishiguro S; Matsuda N; Hara Y; Kuroda H

CS Second Department of Surgery, Tottori University Faculty of Medicine, Japan.

SO Surgery today, (1998) Vol. 28, No. 1, pp. 23-9.  
Journal code: 9204360. ISSN: 0941-1291.

CY Japan

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 199805

ED Entered STN: 20 May 1998  
Last Updated on STN: 29 Jan 1999  
Entered Medline: 8 May 1998

AB The plasma concentrations of brain natriuretic peptide (BNP), a cardiac hormone, were measured in 30 consecutive adult patients undergoing cardiac surgery with cardiopulmonary bypass (CPB) during the perioperative period. BNP concentrations remained unchanged until 6 h after the cessation of bypass, and were elevated 12, 24, and 48 h post-bypass ( $P < 0.0001$  versus baseline). They had returned to the baseline values when measured 3 weeks postoperatively. The preoperative plasma BNP concentration correlated significantly with the left ventricular ejection fraction ( $r = -0.895$ ). The peak plasma BNP concentration 24 h after bypass correlated with the cardiac index ( $r = -0.64$ ), stroke volume index ( $r = -0.62$ ), injection rate of dopamine hydrochloride ( $r = 0.65$ ), and aortic crossclamp time ( $r = 0.57$ ). There was also a significant correlation between the preoperative BNP concentration and the plasma BNP concentration 24 h post-CPB. These findings led us to conclude that the plasma concentrations of BNP become markedly and acutely elevated after cardiac surgery with CPB, and reflect the state of left ventricular function. Moreover, the severity of acute heart failure after cardiac surgery can be predicted by the preoperative plasma BNP concentration.

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Cardiopulmonary Bypass  
Hemodynamic Processes: PH, physiology  
Humans  
Intraoperative Period  
Middle Aged  
Natriuretic Peptide, Brain  
\*Nerve Tissue Proteins: BL, blood  
Postoperative Period  
Prospective Studies  
Time Factors  
Ventricular Function, Left: PH, physiology

RN 114471-18-0 (Natriuretic Peptide, Brain)

CN 0 (Nerve Tissue Proteins)

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